

2019 Sep-09 PM 04:07 U.S. DISTRICT COURT N.D. OF ALABAMA

### Alabama Department of Corrections

### INCIDENT REPORT

1. Institution/Division: 2. Date:				3. Time:	4. Inc. No:	HCF-17-00067		
HOLMAN DEAT	H ROW	1/12/2017		12:30:00 PM	Class Code:	В		
5. Type of Incident	- PRIMARY:		6. A	SCA Incident Type - Pl	RIMARY:			
Possession of a Co	ommunication Device(s) / Accessory(s)							
7. Type of Incident	- Secondary:		8: A	SCA Incident Type - Se	econdary:			
N/A								
9. Who Received R	eport:		10. Time Incident Reported:					
EARL, CHRISTO	PHER A		1/12	/2017 12:35:00 PM				
11. Location of Inci-	dent:							
G-26								
12. Victim(s):	Name				AIS			
	N/A							
13. Suspect(s): Name					AIS	·		
	MAPLES, COREY				0000Z624			
14. Witness(es):	Name				AIS			
	N/A							
PHYSICAL EVIDE								
15. Type of Eviden	<u> </u>		16. Chain of Evidence / Location & Date:					
17. Narrative Sumn	•							
• •	117 at approximately 12:30 p.m., Sergeant Corey			•	-	-		
ū	search, Sergeant Lewis confiscated (1)Touch scr	-				·		
mattress. Inmate N	Maples remains in cell G-26 pending disciplinar	y action for Pos	session	of a communication	s device/access	ories. At		
approximately 1:0	0 p.m., Sergeant Lewis placed the cell phone an	id cell phone ch	arger i	n the cell phone evide	ence box locate	d in front of		
central control. Se	ergeant Lewis advised Sergeant Christopher Earl	l and Captain Je	eff Eml	perton of the incident.	1/12/2017 1:	16 <b>PM</b> by		
christopher.earl 5/	/24/2017 4:44 PM by michael.banks							
Signature:								

### Alabama Department of Corrections

### **Inmate Summary**

Disciplinary 0000Z624 MAPLES, COREY

For Transactions on 5/28/2014

Inmate: MAPLES, COREY

Legal:

**R/S:** WM **Dob:** 1974 **SSN:** xxx-xx-5716

Inst: 999 - HLMN DEATH ROW BED #. G1-26A

Admit: 11/21/1997 99 - DEATH ROW

Status: 82 - INCARCERATED

Jail: 000Y 00M 00D Retro CIT: NONE

Security: (7) Seven

Custody: CLS- Custody Date: 12/07/2009 Parole Review Date: \* NONE \*

Alias: MAPLES, COREY ROSS

IMAS: SINGLE CELL

(Conversion)

Class Date: No Class Date

Total Term Min Rel Dt GoodTime Bal GoodTime Rev Dead Time Long Date

000 M00 COO M00 Y000 D00 M00 Y000 D00 M00 Y000

Inmate Literal:

Offenses for 0000Z624

 Seq
 County
 Sent Dt
 Case Nbr
 Total Fees
 Hab Off
 JL-CR
 Term

 1
 MORGAN
 11/21/1997
 CC1995000842
 0.00
 N
 8
 000Y 00M 00D
 CS

002A - MURDER 2 CTS; CAPITAL

Detainer Warrants for 0000Z624

Inmate Currently has NO ACTIVE Detainer Warrants

Probations, Escapes and Paroles for 0000Z624

No Probations No Escape Sentences No Escapes No Parole Releases

Run Date: 5/29/2014 1:10:07 AM

CREC052

### Alabama Department of Corrections

### Inmate Summary

Disciplinary

0000Z624 MAPLES, COREY

For Transactions on 5/28/2014

Disciplina	ries for 0000Z624		
Seq: 9	MAJOR Discipline on 05/28/2014 At I	nst: 999 - HOLMAN DEAT	H ROW
	Cust from 6G to 6G	Retain Days: 0	Time Lost: 0Y 0M 0D
	Rule: 510 - CONSPIRACY TO COMM	MIT A VIOLATION OF RUL	.E(S)
Seq: 8	MAJOR Discipline on 11/01/2011 At I	nst: 003 - HOLMAN PRIS	SON
	Cust from 6G to 6G	Retain Days: 0	Time Lost: OY 0M 0D
	Rule: 64 - POSSESSION OF CONTRA	ABAND	
Seq: 7	MAJOR Discipline on 09/06/2011 At I	nst: 999 - HOLMAN DEAT	H ROW
	Cust from 6G to 6G	Retain Days: 0	Time Lost: 0Y 0M 0D
	Rule: 64 - POSSESSION OF CONTRA	ABAND	
Seq: 6	Behavior Citation on 10/29/2010	At Inst: 003 - HOLMAN	PRISON
	Cust from 6G to 6G	Retain Days: 0	
	Rule: 85 - VIOLATION OF INSTIT. RU	ILES OR REG.	
Seq: 5	MAJOR Discipline on 09/09/2009 At I	nst: 003 - HOLMAN PRIS	SON
	Cust from 3G to 3G	Retain Days: 0	Time Lost: 0Y 0M 0D
	Rule: 64 - POSSESSION OF CONTRA	ABAND	
Seq: 4	MAJOR Discipline on 02/05/2008 At I	nst: 003 - HOLMAN PRIS	SON
	Cust from 3G to 3G	Retain Days: 0	Time Lost: 0Y 0M 0D
	Rule: 90 - UNDER INFLUENCE OF A	ALCOHOL OR NARCOTIC	S
Seq: 3	MAJOR Discipline on 08/30/2007 At I		
	Cust from 3G to 3G	Retain Days: 0	
	Rule: 90 - UNDER INFLUENCE OF A		
Seq: 2	MAJOR Discipline on 10/03/2005 At I		
	Cust from 3G to 3G	Retain Days: 0	Time Lost: 0Y 0M 0D
	Rule: 35 - FIGHTING WITHOUT A WE	EAPON	
Seq: 1	Behavior Citation on 05/01/2000	At Inst: 003 - HOLMAN	PRISON
	Cust from 99 to 99	Retain Days: 0	

Rule: 90 - UNDER INFLUENCE OF ALCOHOL OR NARCOTICS

Run Date: 5/29/2014 1:10:07 AM

CREC052

UB 7-8-09

## STATE OF ALABAMA DEPARTMENT OF CORRECTIONS

### **INCIDENT REPORT**

1. Institution:  W. C. Holman Correctional Facility	2. Date: 06/25/2009		3. Time: 10:15 a.m.	4. Incident Number: HP09- 652	Class Code:
5. Location Where Incident Occurred.	00/23/2009		6. Type of Incident:	111 03- 032	
Mailroom			Violation of Ins	stitutional Rules an	d Regulations
7. Time Incident Reported: 10:30 a.m.			8. Who Received Report: Watson Rishon	, Warden I	AB U
9. Victims: Name			AIS	, warden in z	and see of
a. None	-	No			
. b		. No		:	
c. 10. Suspects: Name	AIS	No.			
·		11. Witne			AJS
a No.	Free world	a		No	
b No.		b		No	
c. No.		c		No.	
d No.		d		No	
e No.		e.		No.	
PHYSICAL EVIDENCE:		в		NO.	
12. Type of Evidence					
Letter				<del></del>	
		<del></del>	<del></del>		
			· · · · · · · · · · · · · · · · · · ·		
13. Description of Evidence:					
Envelope addressed to Cory Maples, Zo	524- G-26A, Holma	n 3700, .	Atmore, Alabama 3	36502.	
Letter enclosed with writings specifical	ly pertaining to info	rmation	of body fluids on t	the card.	
14. Chain of Evidence:				<del></del>	
a Envelope addressed to Cory Maples, Z					
Administrative Support Assistant I Ass. Watson Bishop, Warden II	hleigh Etheridge			···	
d Administrative Support Assistant I As	hleigh Etheridge				
e Destroyed					
15. Narrative Summary:					
On June 25, 2009, at approximately 10	:15 a.m., while op	ening i	ncoming mail at V	W.C. Holman Co	rrectional
Facility; Administrative Support Assis	tant I Ashleigh Et	theridge	e opened a letter s	sent in to inmate	Cory Maples
Z624 G-26A, Holman 3700, Atmore, A Washington Enclosed in the env					
Washington Enclosed in the envo	velope was a letter all places on it tha	t were	intained informat discolored and a	lion of body fluid	s being present
"Oh- and I touched all over it	© LMAO." This	was the	e statement in the	e letter.	1110111
This incident was reported approximate	tely at 10:30 a.m.	to Wats	son Bishop, Ward	len II.	
					1
					1

Distribution - ORIGINAL AND ONE (1) COPY to Central 1 & 1 Division COPY to Institutional File

COPY to Deputy Commissioner of Operations (Class A and B ONLY) COPY to Central Records Office

ADOC Form 302-A - June 1, 2005

### STATE OF ALABAMA DEPARTMENT OF CORRECTIONS

### INCIDENT REPORT/DUTY OFFICER REPORT CONTINUATION

Institution:	Incident Number:		Class Code:
W. C. Holman Correctional Facility	HP09- <b>652</b>		C
Date:	***	Type of Incident:	
06/25/2009		Violation of Insti	itutional Rules and Regulations
Narrative Summary (Continued) Page No.			

The evidence was put into a ziploc bag to prevent any type of contamination.

The envelope and all contents were destroyed properly by placing in the destroyed mail container so that no contamination would be possible to anyone.

Administrative Support Assistant I, Mail Clerk, Ashleigh Etheridge completed an incident report and no further action to be taken by Mrs. Etheridge at this time.

A letter will be sent to Ms. to inform her of this violation and that this is not condoned at any facility. This will constitute possible barring of correspondence for a period of 180 days for the first offense. If the situation occurs again; then it could result in possible barring for indefinite.

See attached: (copy of envelope that was mailed into facility)

ADOC Form 302-B - June 1, 2005



## **SEGREGATION 30—DAY REVIEW**

Date: 3/3/60 .NSTITUTION: HOLM	AN CORRECTIONAL FACILITY				
SUBJECT: Segregation	Unit Psychological review of:	orey Maple			
Unit: HOLMAN SE	EGREGATION UNIT		AIS #:	2624	·
	XX Institutional File				
	Contract Psychologist/Associat		L Director of Tro Medical Unit	eatment	
(Medical Difficulties	. •				
SEGREGATED HOUSING INFORMATION	Housed in:  Death Row: Inmate was placed in seg	Admin. D		Disciplinary S	eg.
BASIS OF REPORT	X Inmate was interviewed. Ot were consulted and, where necessary, institutional recowere reviewed.	deemed	viewed, Other st and, wh priate re	refused to be inter- but was observed. laff were consulted en deemed appro- elevant institutional were reviewed.	
CURRENT MENTAL STATUS	Inmate's current mental, em or behavioral reactions refle no significant mental proble	ect	tional, o	current mental, emo r behavioral reaction ignificant mental s.	
ADJUSTMENT TO SURROUNDINGS	Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.	housing major co	segregated is not a ntributor to dijustment	Unsatisfactory. Segregated hot appears to be mental to inmate mental health.	using detri-
GROOMING AND LIVING AREA	APPROPRIATE			Village	
MOOD OR THOUGHT DISORDERS NOTED	<b>√</b> NONE			•	
OTHER OBSERVATIONS/ COMMENTS (if any)	Stable pleasurt				
RECOMMENDA- TIONS (if any)	continue mondornie-11	entime + treco	ment of stru	en produme	-

Psychologist Signature



### **SEGREGATION 30—DAY REVIEW**

IJ.	ECT: Segregation C	mit PS	ychological review of:	rey /	Maplos	AIS	s #: Z	624	
t: .	HOLMAN SEX	REGA'	TION UNIT		_:				
	To: _3	<u>xx</u> _ins	titutional File		_XX_	Director of	Treatm	ent	\$ : :
di	 cal Difficulties	Co	ntract Psychologist/Associate	<del></del>		_ Medical U	nit		
	SEGREGATED HOUSING INFORMATION		Housed in:  Death Row: Inmate was placed in segr		dmin. De			Disciplina	
	BASIS OF REPORT	х	Inmate was interviewed. Other were consulted and, where necessary, institutional recovere reviewed.	deemed		viev Oth and pria	ved, but er staff v , when d te releva	sed to be into was observe were consult leemed appr int institution e reviewed.	er- d. ed
	CURRENT MENTAL STATUS	X	Inmate's current mental, em or behavioral reactions refla no significant mental proble	ect		tion refle	al, or be	rent mental, havioral read ficant menta	ction <b>s</b>
	ADJUSTMENT TO SURROUNDINGS	X	Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.	}       	nousing major co	, segregate is not a ntributor to adjustment		Unsatisfactories Segregate appears to mental to mental hear	d housir be det inmate's
	GROOMING AND LIVING AREA	X	APPROPRIATE					- 41 	- Philosophia
	MOOD OR THOUGHT DISORDERS NOTED	Ý	NONE					·	New York Control of the Control of t
	OTHER OBSERVATIONS/ COMMENTS (if any)		able pheasant					· A	; ; ;
	RECOMMENDA- TIONS (if any)	Cir	atime mondernig-	Par Lui	o trec	J May 1	C. 1211	prodemi	

Psychologist Signature

Maples - DOC 000127

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SEGREGATION	30—DAY	REVIE	W

	CT: Segregation Ur						<del></del>	. AIS #: .		1324		
	HOLMAN SEG  To:  I Difficulties	<u>x</u> _Inst	itutional File tract Psychologis	t/Associate			Directo Medica		eatmer	nt		
S	EGREGATED OUSING NFORMATION		Housed in: [ Death Row:   Inmate was place	ced in segreg		Admin. De				Disciplin		g.
	ASIS OF REPORT	x	Inmate was inter were consulted a necessary, institu were reviewed.	ind, where de	emed			viewed Others and, w	, but w staff w hen de relevar	ed to be invas observere consuler de	ved. lited oro- onal	
٨	CURRENT MENTAL STATUS	X	Inmate's current or behavioral rea no significant m	actions reflec	t	•		tional,	or bet sig <b>nif</b> i	rent ment navioral re icant men	eactions	• }
7	ADJUSTMENT TO SURROUNDINGS	X	Satisfactory. Segregated house does not appear be detrimental to mental health.	to		Unsatisfa However housing major co present a problem	, segre is not a intribut adjustm	or to		Unsatisf Segrega appears mental t mental t	ited hou to be to inmat	de
1	GROOMING AND LIVING AREA	X	APPROPRIATE					·.				
	MOOD OR THOUGHT DISORDERS NOTED	Ŷ	NONE						.,		•	-
1	OTHER OBSERVATIONS/ COMMENTS (if any)		all phease					+		e proder		

Psychologist Signature

Maples - DOC \_000128\_

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## SEGREGATION 30—DAY REVIEW

	TOTAGN CECTO	it Psychological review of:		AIS #: _	2624	
init: .	To: _ <b>XX</b>	_ Institutional File _ Contract Psychologist/Associate		Director of Trea	atment	)
vieui	SEGREGATED HOUSING INFORMATION	Housed in:  Death Row: Inmate was placed in segre	Admin. Dete		Disciplinary	Seg.
:	BASIS OF REPORT	X Inmate was interviewed. Oth were consulted and, where consulted and inecessary, institutional recowere reviewed.	ieemed	viewed, Other st and, wh priate re	refused to be inter- but was observed. taff were consulted en deemed appro- elevant institutiona were reviewed.	
	CURRENT MENTAL STATUS	Inmate's current mental, em or behavioral reactions refle no significant mental proble	ct	tional, c	s current mental, e or behavioral reacti significant mental ns.	mo- ons
	ADJUSTMENT TO SURROUNDINGS	Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.	housing is major cor	segregated s not a tributor to djustment	Unsatisfactor Segregated appears to mental to in mental heal	housing be detri mate's
	GROOMING AND LIVING AREA					r =
	MOOD OR THOUGHT DISORDERS NOTED	NONE				
•	OTHER OBSERVATIONS/ COMMENTS (if any)	Stable pheasant		4 11 20 1 34	- 10 - 0 - 10 - 10 - 10 - 10 - 10 - 10	
	RECOMMENDA- TIONS (if any)	Atollewsk M.S. L		JAMEN C	nen fin Heimir Maples	



### **SEGREGATION 30—DAY REVIEW**

	JECT: Segregation U	nit Ps	ychological review of:	7	Maplo3	AIS#:	Z	624
Jnit:	HOLMAN SEG	REGA'	TION UNIT					
Med			titutional File ntract Psychologist/Associa	te		Director of Tr	eatme	nt
	SEGREGATED HOUSING INFORMATION		Housed in:  Death Row: Inmate was placed in seg	regated	Admin. De			Disciplinary Seg.
	BASIS OF REPORT	X	Inmate was interviewed. C were consulted and, when necessary, institutional re- were reviewed.	e deeme		viewed Other and, w priate	l, but v staff w hen de relevar	ed to be intervas observed. ere consulted eemed appro- nt institutional reviewed.
	CURRENT MENTAL STATUS	X	Inmate's current mental, e or behavioral reactions ret no significant mental prob	lect	1,	tional,	or beh sig <b>nifi</b>	rent mental, emo- navioral reactions icant mental
	ADJUSTMENT TO SURROUNDINGS	X.	Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.		housing major co	, segregated is not a ntributor to adjustment		Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.
	GROOMING AND LIVING AREA	X	APPROPRIATE					*
	MOOD OR THOUGHT DISORDERS NOTED	X	NONE					•
	OTHER OBSERVATIONS/ COMMENTS (if any)		able pleasurt	v				14
	RECOMMENDA- TIONS (if any)	Co	Minus montoring.			utment of s	tren	pro derne

Psychologist Signature

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### **SEGREGATION 30—DAY REVIEW**

Segregation (	Jnit Psychological review of:	rey Maplos	#: 2624
it: HOLMAN SEX	GREGATION UNIT		
_		XX_ Director of Medical Un	
SEGREGATED HOUSING INFORMATION	Housed in:  Death Row: Inmate was placed in segr	Admin. Detention	Disciplinary Seg.
BASIS OF REPORT	Inmate was interviewed. Oth were consulted and, where onecessary, institutional recowere reviewed.	deemed viewe ords Other and, priate	te refused to be intered, but was observed.  r staff were consulted when deemed approerelevant institutional ds were reviewed.
CURRENT MENTAL STATUS	Inmate's current mental, em or behavioral reactions refle no significant mental proble	ct tiona	te's current mental, emo- l, or behavioral reactions et significant mental ems.
ADJUSTMENT TO SURROUNDINGS	Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.	Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.	Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.
GROOMING AND LIVING AREA	APPROPRIATE		
MOOD OR THOUGHT DISORDERS NOTED	<b>√</b> NONE	•	
OTHER OBSERVATIONS/ COMMENTS (if any)	Stable pheasurt		

Psychologist Signature

Maples - DOC

000131

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### SEGREGATION 30-DAY REVIEW

	HOLMAN SEGR	EGAT	ON UNIT				s#:_Z	
: _	To: _ <b>XX</b>	<u>_</u> Inst	itutional File tract Psychologist/Associate	· ·	-	Director o	f Treatme Init	nt
,	SEGREGATED HOUSING INFORMATION		Housed in:  Death Row: Inmate was placed in segr		Admin. Det			Disciplinary Seg.
	BASIS OF REPORT	х	Inmate was interviewed. Other were consulted and, where necessary, institutional recovere reviewed.	deemed	f 1	vie Ot an	ewed, but ther staff v id, when d iate releva	sed to be inter- was observed. were consulted leemed appro- ant institutional le reviewed.
	CURRENT MENTAL STATUS	X	Inmate's current mental, en or behavioral reactions refl no significant mental probl	ect	<b>I,</b>	tio re	onal, or be	rrent mental, emo- chavioral reactions ificant mental
	ADJUSTMENT TO SURROUNDINGS	K	Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.		housing major co	r, segrega is not a intributor adjustme	to	Unsatisfactory. Segregated housing appears to be demental to inmate's mental health.
	GROOMING AND LIVING AREA	X	APPROPRIATE					
	MOOD OR THOUGHT DISORDERS NOTED	X	NONE		: 			
	OTHER OBSERVATIONS/ COMMENTS (if any)		table pleasant					en problems

Psychologist Signature



### SEGREGATION 30—DAY REVIEW

UB.	JECT: Segregation U	Init Ps	ychological review of:	rey	Map/03	AIS #	: Z	624
nit:	HOLMAN SEC	REGA	TION UNIT				<u> </u>	
/led	To:  ical Difficulties	-	stitutional File ntract Psychologist/Associate	· •	_xx	_ Director of T _ Medical Unit		ent
	SEGREGATED HOUSING INFORMATION		Housed in:  Death Row: Inmate was placed in segr		Admin. Do			Disciplinary Seg.
	BASIS OF REPORT	Х	Inmate was interviewed. Ot were consulted and, where necessary, institutional reco were reviewed.	deeme		viewe Other and, v priate	d, but staff v vhen d releva	sed to be inter- was observed. vere consulted eemed appro- nt institutional e reviewed.
	CURRENT MENTAL STATUS	X	Inmate's current mental, em or behavioral reactions refla no significant mental proble	ct	<b>,</b>	tional	, or be t signii	rent mental, emo- havioral reactions ficant mental
	ADJUSTMENT TO SURROUNDINGS	X.	Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.		housing major co	, segregated is not a ntributor to adjustment		Unsatisfactory. Segregated housing appears to be detr mental to inmate's mental health.
	GROOMING AND LIVING AREA	X	APPROPRIATE					
	MOOD OR THOUGHT DISORDERS NOTED	У	NONE					
	OTHER OBSERVATIONS/ COMMENTS (if any)	S¥.	able pleasant					
	RECOMMENDA- TIONS (if any)	Co	time mondornie					

Psychologist Signature

Maples - DOC 000133

# SEGREGATION 30—DAY REVIEW

Attachment 1 (Revised 3/90)

Maples - DOC 000134

			·	AIS #: _	2624				
HOLM	N SEGREGA	TION UNIT				<del></del>			
		stitutional File		L Director of Trea	atment				
		intract Psychologist/Associa	te	Medical Unit					
lical Difficultie	s <u> </u>								
SEGREGATI HOUSING INFORMATI		Housed in:  Death Row: Inmate was placed in seg		on	Disciplinary Se	eg.			
	х	Inmate was interviewed. O	ther staff	Inmate r	efused to be inter-				
D.4.010		were consulted and, where	e deemed	viewed, I	but was observed.				
BASIS OF REPORT		necessary, institutional rec were reviewed.	cords	•	aff were consulted en deemed appro-				
				priate relevant institutional records were reviewed.					
<del></del>				Tecords	were reviewed.	i.			
CURRENT	<u> </u>	Inmate's current mental, er			current mental, emo r behavioral reactions				
MENTAL		or behavioral reactions ref no significant mental prob			ignificant mental	<b>.</b>			
STATUS			·	problem	s.	[			
	X	Satisfactory.	Unsatis	factory.	Unsatisfactory.				
ADJUSTMEN	UT T	Segregated housing	Howeve	r, segregated	Segregated hou	usin			
TO SURROUND	INGS	does not appear to be detrimental to inmate's		is not a ontributor to	appears to be mental to inmate				
3011100110	iii do	mental health.	present problen	adjustment	mental health.				
	<del>-   ,</del>	APPROPRIATE	problem	10.		:			
GROOMING AND	$\lambda$	APPROPRIATE							
LIVING ARE	A		e de Maria						
		NONE				1			
MOOD OR THOUGHT	1	140142	1						
DISORDERS									
NOTED				•		<del></del>			
OTHER OBSERVATION COMMENTS (if any)	:	able pleasant							
RECOMMEN TIONS	DA- Co	time mondorning							

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### **SEGREGATION 30—DAY REVIEW**

BJ	IECT: Segregation U	nit Ps	ychological review of:	rey	114p103	AIS #	: <u>Z</u>	624		
it:	HOLMAN SEG	REGA!	TION UNIT					·		
edi	To: _ <b>x</b> ——ical Difficulties		titutional File ntract Psychologist/Associa	e	. <b>.x</b> x	Director of T Medical Unit		ent	to the Whom see	
-	SEGREGATED HOUSING INFORMATION		Housed in:  Death Row: Inmate was placed in seg	regated	Admin. Do	<u></u>		Disciplina	ry Seg.	
	Were consulted and, where deemed viewed, but necessary, institutional records Of REPORT were reviewed.  Were consulted and, where deemed viewed, but Other staff of the staff					used to be inter- t was observed. were consulted deemed appro- ant institutional re reviewed.				
	CURRENT MENTAL STATUS	RRENT or behavioral reactions reflect tion NTAL no significant mental problems. reflect					ate's current mental, emo- al, or behavioral reactions ect significant mental plems.			
	ADJUSTMENT TO SURROUNDINGS	K	Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.		housing major co	, segregated is not a ntributor to adjustment		Unsatisfact Segregate appears to mental to mental hea	d housing be detr nmate's	
•	GROOMING AND LIVING AREA	X	APPROPRIATE			•			±	
	MOOD OR THOUGHT DISORDERS NOTED	ý	NONE	. '				•		
	OTHER OBSERVATIONS/ COMMENTS (if any)	SH	able pheasant							
	RECOMMENDA- TIONS (if any)	Cir	time mondoring							

Psychologist Signature

Maples - DOC \_000135



### **SEGREGATION 30—DAY REVIEW**

Attachment 1 (Revised 3/90)

_		J. 11 C 1 .	sychological review of:	srey	114/103	AIC	7	624	<del></del>	
Unit:	HOLMAN SE	GREGA	TION UNIT			Als	) #: <u></u>	<u> </u>		
Med	To: _  dical Difficulties		stitutional File intract Psychologist/Associa	te		Director of Medical Ur		ent	5 # 	
	SEGREGATED HOUSING INFORMATION		Housed in: Death Row: Inmate was placed in seg	regate	Admin. De			Disciplinary	Seg.	
	BASIS OF REPORT	Х	Inmate was interviewed. Of were consulted and, where necessary, institutional rec were reviewed.	deeme		view Othe and, priat	ed, but ver staff w when de e releva	ed to be inter- was observed. vere consulted eemed appro- nt institutional e reviewed.		
	CURRENT MENTAL STATUS	MENTAL or behavioral reactions ref				tiona	il, or bet et signifi	's current mental, emo- or behavioral reactions significant mental ms.		
ä	ADJUSTMENT TO SURROUNDINGS	X.	Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.		housing i major cor	segregated s not a ntributor to djustment		Unsatisfactor Segregated h appears to b mental to inm mental health	ousing e detri ate's	
	GROOMING AND LIVING AREA	X	APPROPRIATE						i E	
	MOOD OR THOUGHT DISORDERS NOTED	X	NONE					•		
	OTHER OBSERVATIONS/ COMMENTS (if any)	Sta	ble pheasant	•						
	MOOD OR THOUGHT DISORDERS NOTED  OTHER OBSERVATIONS/ COMMENTS	Sta	11 1	•				•	-	

Psychologist Signature

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SU	BJEC1: Segregation	Unit F	sychological review of:	orey	Maples		#: <u>Z</u> &	24	
Uni	it: Holman se	GREG	ATION UNIT			AIS	#: <u> <b>Z</b> </u>		
(Me	To: _ _ edical Difficulties		stitutional File ontract Psychologist/Associa	ate	_ <b>x</b> x	Director of Medical Uni			
	SEGREGATED HOUSING INFORMATION		Housed in:  Death Row: Inmate was placed in seg	gregated	Admin. De			Disciplinary	Seg.
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	CURRENT MENTAL STATUS	<u> </u>	Inmate's current mental, er or behavioral reactions refi no significant mental probl	lect	Ι,	tional	, or behavi t significar	t mental, em ioral reactio nt mental	
	ADJUSTMENT TO SURROUNDINGS	<b>X</b>	Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.		housing in major cor	segregated s not a atributor to djustment	Se ap m	nsatisfactory egregated ho opears to be ental to inme ental health.	ousing e detri- ate's
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	MOOD OR THOUGHT DISORDERS NOTED	X	NONE		•	1 ,	•		
	OTHER OBSERVATIONS/ COMMENTS (if any)	Sto	ille pleasant						
	RECOMMENDA- TIONS (if any)	Ú₹	time montornie						
	Richurd C. Psychologist Signatu	//a ure	llucos M.S. L.	P.C.				Maples -	

# SEGREGATION 30—DAY REVIEW

Attachment	1
(Revised 3/9)	C)

				·				AIS #:	1624		
t: .				· .						·	
			tutional File tract Psychologist/A	.sscciate		_XX_	. Director . Medical	of Treatn Unit	nent		
die	cal Difficulties										
	SEGREGATED HOUSING INFORMATION		Housed in:  Death Row: Inmate was placed	A l		Admin. De			Disciplinar	y Seg.	
	BASIS OF REPORT	х	Inmate was interviewere consulted and necessary, institution were reviewed.	, where de	eme		v C a	iewed, bu Other staff nd, when riate relev	used to be inter t was observed were consulted deemed appro- vant institutiona re reviewed.	d	
	CURRENT MENTAL STATUS	X	or behavioral reactions reflect tional, o no significant mental problems. reflect s					ional, or b	s current mental, emo- or behavioral reactions significant mental ns.		
	ADJUSTMENT TO SURROUNDINGS	A	Satisfactory. Segregated housing does not appear to be detrimental to in mental health.	1		housing major co	, segrega is not a ntributor adjustme	to	Unsatisfact Segregated appears to mental to ir mental heal	housi be de imate'	
	GROOMING AND LIVING AREA	9	APPROPRIATE								
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## SEGREGATION 30—DAY REVIEW

Attachment	1
(Revised 3/90	,

NSTITUTION: HOLMAN	N CORRECTIONAL FACILITY	rey Marlos				
SUBJECT: Segregation C	Init Psychological review of:	eg /14/10)	AIS#	. Z	624	
Unit: HOLMAN SEC	REGATION UNIT					
To:	<ul><li>Institutional File</li><li>Contract Psychologist/Associate</li></ul>		_ Director of Ti _ Medical Unit		ent	: :
Medical Difficulties						·
SEGREGATED HOUSING INFORMATION	Housed in:  Death Row: Inmate was placed in segre	Admin. De			Disciplin	
BASIS OF REPORT	X Inmate was interviewed. Oth were consulted and, where consulted and interviewed. In the were reviewed.	deemed	viewed Others and, w priate	i, but v staff w hen de relevar	ed to be int was observe rere consult remed appr nt institutio reviewed.	ed. ed o-
CURRENT MENTAL STATUS	Inmate's current mental, emo or behavioral reactions reflec no significant mental probler	ct	tional,	or beh signifi	rent mental, navioral read cant menta	ction <b>s</b>
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SEGREGATION 30—DAY REVIEW

55201. Segregation (	Jnit Psychological review of:	brey Maple		710	11:
: HOLMAN SEX	GREGATION UNIT		AIS #	#: Z62	7
	xx_Institutional File Contract Psychologist/Associ		L Director of T — Medical Unit		
SEGREGATED HOUSING INFORMATION	Housed in:  Death Row: Inmate was placed in sec	Admin. C	<u> </u>	<del></del>	ciplinary Seg
BASIS OF REPORT	X Inmate was interviewed. Commerce consulted and, where necessary, institutional recovere reviewed.	e deeme <b>d</b>	viewed Other and, w priate	e refused to b I, but was ob staff were co hen deemed relevant insti s were reviev	served. Insulted appro- tutional
CURRENT MENTAL STATUS	Inmate's current mental, en or behavioral reactions ref no significant mental prob	lect	tional,	's current me or behaviora significant m	I reactions
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GROOMING AND LIVING AREA	APPROPRIATE			1.	Table 10 to
MOOD OR THOUGHT DISORDERS NOTED	NONE			•	
OTHER OBSERVATIONS/ COMMENTS (if any)		\$			
RECOMMENDA- TIONS (if any)				•	:

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### SEGREGATION 30—DAY REVIEW

HOLMAN SEC	REGAT	TON UNIT							
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ical Difficulties	Cor	ntract Psychologist/Associate			Medical Unit				
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OTHER OBSERVATIONS/ COMMENTS (if any)	,	Good Adjustina	t					:	

Psychologist Signature

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## SEGREGATION 30—DAY REVIEW

	DOLMAN CEC	REGATION UNIT		AIO #.	2624	
nit: .		x Institutional File	: XX	Director of Tr	eatment	
	10	Contract Psychologist/Associate	·	Medical Unit		
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	SEGREGATED HOUSING INFORMATION	Housed in:  Death Row: Inmate was placed in segre	Admin. De		Discip	linary Seg.
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	ADJUSTMENT TO SURROUNDINGS	Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.	housing major co	r, segregated is not a ontributor to adjustment	Segreg appear mental	sfactory. lated housing s to be detri to inmate's health.
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	MOOD OR THOUGHT DISORDERS NOTED	χ NONE			•	
	OTHER OBSERVATIONS/ COMMENTS (if any)					
	RECOMMENDA- TIONS (if any)  Psychologist Signs	Colors mondoing				: :

# W.C. Halman CF (INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MODDS COPOL	1_ AIS NO. W-Z1034_ CELL: G-310
VIOLATION OR REASON: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ADMITTANCE AUTH, BY:
DATE & TIME RECEIVED	DATE & TIMERELEASED
PERTINENT INFORMATION:	

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

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INMATE NAME: MOODS CON	<u> 21</u> ais no. <u>W-Z1024</u> cell: <u>G-210</u>
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DATE & TIME RECEIVED	DATE & TIMERELEASED
PERTINENT INFORMATION:	

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

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Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

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# SEGREGATION UNIT RECORD SHEET

INMATENAME: MADLES COREV	AIS NO. W/Z-624	com G-26
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DATE & TIME RECEIVED PERTINENT INFORMATION:	DATE & TIMERELEASED	

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Mezis/SH Shower - Yes (Y) or No (N), Refused (R) .

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, arritude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

9 of 12

AR: 434 - December 22, 2004

# W.C. Halman CF (INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MODE	Corou	46015-W. ON SIA	CELL: <u>G-310</u>
VIOLATION OR REASON: \	7	ADMITTANCE AUTH. BY: _	
DATE & TIME RECEIVED		DATE & TIMERELEASED_	
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower – Yes (Y) or No (N), Refused (R) Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

INMATE NAME: MODOS C	CONON.	AIS NO. W-Z1004	CELL: 0,010
VIOLATION OR REASON: \ )		ADMITTANCE AUTH. BY: _	
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower – Yes (Y) or No (N), Refused (R) Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen. Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

### ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2018 24 CELL: G-26 NMATE NAME: MC VIOLATION OR REASON: DATE & TIME RELEASED DATE & TIME RECEIVED PERTINENT INFORMATION:

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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive. Meals/SH; Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

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Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, emitude \* Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

9 of 12

AR 434 - December 22, 2004

# W.C. Halman CF (INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

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Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counsalor will sign each time the inmate is seen.

Comments: i.e. — Conduct, attitude \*Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

9 of 12

AR: 434 - December 22, 2004

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

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ADOC Form 434-A, December 22, 2004

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

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OIC Signature: OIC must sign all record sheets each shift.

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Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, att'.ude \*Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A; December 22, 2004

# SEGREGATION UNIT RECORD

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Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen. Comments: i.e. - Conduct, att ude \*Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A; December 22, 2004

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

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Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature,

and title.

OIC Signature: OIC must sign all record sheets each shift.

INMATE NAME: MOODS COPOLI	46015-W. NO. RIA	CELL: G-310
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R) Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature,

and title.

OIC Signature: OIC must sign all record sheets each shift.

### ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Maples	Cokey	AIS NO. W/2624	CELL: G-26
VIOLATION OR REASON:	9	ADMITTANCE AUTH. BY:	***************************************
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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

HOLMAN CORRECTIONAL
(INSTITUTION)

INMATE NAME: MADES Corey VIOLATION OR REASON:	AIS NO. W/7-624 CELL: G-26
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Perfinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Mezis/SH Shower - Yes (Y) or No (N), Refused (R) .

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, artitude \* Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

# W.C. Holman CF

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MOOD	s Corou	46015-W.00 21A	CELL: (5-310
VIOLATION OR REASON: 1	) [	_ ADMITTANCE AUTH. BY:	
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

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OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

9 of 12

AR 434 - December 22, 2004

# W.C. Holman CF (INSTITUTION)

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MOODS COPOL	J. AIS NO. W-Z1004 CELL: G-010
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

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and title.

OIC Signature: OIC must sign all record sheets each shift.

<u>EOLMAN</u>	CORRECTIONAL	2075/6
	(INSTITUTION)	

INMATENAME: MADES COREV	AIS NO. W/7-624	C 2/
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Mezis/SH Shower - Yes (Y) or No (N), Refused (R) .

Exercise: Emer actual time period and Inside or Outside

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OIC Signature: OIC must sign all record sheets each shift.

# W.C. Holman CF (INSTITUTION)

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MOODS	Coron	46015-W. NON 21A	CELL: (5-3/0
VIOLATION OR REASON: \	)	ADMITTANCE AUTH. BY:	
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

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Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

### W.C. Holmon CF (INSTITUTION)

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MOODS	Coron	46012-W. DN ZIA	CELL: <u>G-310</u>
VIOLATION OR REASON: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ADMITTANCE AUTH. BY: _	
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PERTINENT INFORMATION:			

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature,

and title.

OIC Signature: OIC must sign all record sheets each shift.

### ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017 INMATE NAME: Maple & VIOLATION OR REASON: AIS NO. **W/Z624**ADMITTANCE AUTH. BY: CELL: G-26 DATE & TIME RECEIVED DATE & TIME RELEASED PERTINENT INFORMATION:

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nt Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive. Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside. Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title. OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

# W.C. Halman CF (INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MODOS C	DOW AIS NO. W-Z1004 CELL: (J-010
VIOLATION OR REASON: \(\frac{1}{2} \)	ADMITTANCE AUTH. BY:
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PERTINENT INFORMATION:	

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower – Yes (Y) or No (N), Refused (R) Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title

OIC Signature: OIC must sign all record sheets each shift.

### ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Majes Cokey AIS NO. W Z624 CELL: G-26

VIOLATION OR REASON: ADMITTANCE AUTH. BY: DATE & TIME RECEIVED DATE & TIME RELEASED

PERTINENT INFORMATION:

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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

# W.C. Halman CF (INSTITUTION)

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MODOS CONC	24 AIS NO. W-Z1034 CELL: G-310
VIOLATION OR REASON: \	ADMITTANCE AUTH. BY:
DATE & TIME RECEIVED_	DATE & TIMERELEASED
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

### ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Mores Cokey AIS NO. 1/2624 CELL: G-26

VIOLATION OR REASON: ADMITTANCE AUTH. BY: DATE & TIME RECEIVED DATE & TIME RELEASED

PERTINENT INFORMATION:

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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

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Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

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### SEGREGATION UNIT RECORD SHEET

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VIULATION OR REASON: /	AIS NO. W/Z-624 ADMITTANCE AUTH, BY:	CELL: <u>6-96</u>
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Psych: Psychological Counselor will sign each time the inmate is seen. Comments: i.e. — Conduct, andrude \* Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC 000171

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### SEGREGATION UNIT RECORD SHEET

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Pertinent Info: i.e. - Epileptic, Diebetic, Suicidel, Assaultive Meals/SH Shower - Yes (Y) or No (N), Refused (R) . Exercise Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen. Comments: i.e. — Conduct, amitude \* Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC 000172

ADOC Form 484 4 D. ..

INMATE NAME: MODS	Coron	46015-W. ON 21A	CELL: G: 310
VIOLATION OR REASON:	) \	ADMITTANCE AUTH, BY:	
DATE & TIME RECEIVED		DATE & TIMERELEASED	
PERTINENT INFORMATION:			

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R) Exercise: Enter actual time period and Inside or Outside Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

INMATE NAME: MOODS COPOL	1 AIS NO. W-Z1024 CELL: G-210
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DATE & TIME RECEIVED	DATE & TIMERELEASED
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Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

### ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017 INMATE NAME: Meples AIS NO. W Z624 ADMITTANCE AUTH. BY: VIOLATION OR REASON: DATE & TIME RECEIVED DATE & TIME RELEASED PERTINENT INFORMATION:

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Exercise: Enter the actual time period and where it was taken, Inside or Outside. Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen. Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title. OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

# W.C. Halman CF

#### SEGREGATION UNIT RECORD SHEET

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Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

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Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

# W.C. Halman CF

#### SEGREGATION UNIT RECORD SHEET

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OIC Signature: OIC must sign all record sheets each shift.

#### ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility

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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

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Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

# W.C. Halman CF (INSTITUTION)

#### SEGREGATION UNIT RECORD SHEET

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VIOLATION OR REASON: \(\frac{1}{2}\)	ADMITTANCE AUTH. BY:
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

EOLMAN CORRECTIONAL  (INSTITUTION)	207 <del>-5</del> /6
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Exercise Enter actual time period and Inside or Outside Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, artifude \*Use reverse side for additional comments and include data, signature,

OIC Signature: OIC must sign all record sheets each shift.

### ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017 INMATE NAME: Mare VIOLATION OR REASON: AIS NO. WZ624 ADMITTANCE AUTH. BY: DATE & TIME RECEIVED DATE & TIME RELEASED PERTINENT INFORMATION:

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Exercise: Enter the actual time period and where it was taken, Inside or Outside. Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title. OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

### W.C. Holmon CF (INSTITUTION)

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MODOS CONC	24 AIS NO. W-Z1034 CELL: G-310
VIOLATION OR REASON:	ADMITTANCE AUTH. BY:
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive Meals/SH: Shower - Yes (Y) or No (N), Refused (R) Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, attitude \*Use reverse side for additional comments and include date, signature,

and title.

OIC Signature: OIC must sign all record sheets each shift.

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### SEGREGATION UNIT RECORD SHEET

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Partinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R) .

Exercise Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, amitude \* Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

Maplés - DOC 000183

# W.C. Halmon CF (INSTITUTION)

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MOODS	5 Corou	46012-W-21084	CELL: <u>G-310</u>
VIOLATION OR REASON:		_ ADMITTANCE AUTH. BY: _	
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature,

and title.

OIC Signature: OIC must sign all record sheets each shift.

### ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017 INMATE NAME: Maple & VIOLATION OR REASON: 4592/1.00 SIA ADMITTANCE AUTH. BY: DATE & TIME RECEIVED DATE & TIME RELEASED PERTINENT INFORMATION:

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Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

EOLMAN CORRECTIONAL	
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### SEGREGATION UNIT RECORD SHEET

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Exercise Emer actual time period and Inside or Outside Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, aminude \*Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheats each shift.

Maples - DOC 000186

# W.C. Holman CF (INSTITUTION)

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MOOK	25 Corou	AIS NO. W-21034	CELL: <u>G-310</u>
VIOLATION OR REASON:	)	ADMITTANCE AUTH, BY: _	
DATE & TIME RECEIVED_		DATE & TIMERELEASED_	
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Pertinent Info: i.e. - EpNeptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title

OIC Signature: OIC must sign all record sheets each shift.

# W.C. Halman CF (INSTITUTION)

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MODES CO	NONC.	AIS NO. W-Z102	CELL:	G-310
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

# W.C. Halman CF (INSTITUTION)

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: COOKS CO	<u> 101</u> ais no. <u>W-Z1034</u> cell: <u>G-310</u>
VIOLATION OR REASON: '	ADMITTANCE AUTH. BY:
DATE & TIME RECEIVED	DATE & TIMERELEASED
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Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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Mezis/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Emer actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, amitude \*Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC 000190

### ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the immate is seen.

Psych: A Mental Health Professional will sign each time the immate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

# W.C. Halman CF

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MOODS CORO	W AIS NO. W-Z1034 CELL: G-310
VIOLATION OR REASON: \ )	ADMITTANCE AUTH. BY:
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower – Yes (Y) or No (N), Refused (R) Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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## SEGREGATION UNIT RECORD SHEET

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Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, amitude "Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC 000193

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MOODS CONOL	1 AIS NO. W-Z1024 CELL: (7.210
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MODES COROL	1_ AIS NO. W-Z1004 CELL: G-010
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower — Yes (Y) or No (N), Refused (R) Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen. Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature,

and title.

OIC Signature: OIC must sign all record sheets each shift.

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## SEGREGATION UNIT RECORD SHEET

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Pertinent Info: i.e. - Epileptic, Dizbetic, Suicidal, Assaultive Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Emer zoruzliime period and Inside or Outside

Medical: Physician will sign each time the inmate is seen. Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, aminude "Use reverse side for additional comments and include date, signature, ಪಾತೆ ಬೆಬಿಎ.

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#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: 100	os Corou	AIS NO. W-Z1024	CELL: <b>(3.3/0)</b>
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DATE & TIME RECEIVED		DATE & TIMERELEASED	
PERTINENT INFORMATION:			

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature,

and title.

OIC Signature: OIC must sign all record sheets each shift.

EOLMAN CORRECTIONAL (INSTITUTION)	20 <del>1 =</del> /6
SECREGATION UNIT RECORD SHEET  MADES COREY	cell: <i>G-30</i>

DATE & TIMERELEASED

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PERTINENT INFORMATION:

Psych: Psychological Counselor will sign each time the inmete is seen.

Comments: i.e. — Conduct, क्षाचित्रे \* Use reverse side for additional comments and include data. signature

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MOODS COROL	J AIS NO. W-Z1004 CELL: G-010
VIOLATION OR REASON: ( )	ADMITTANCE AUTH. BY:
DATE & TIME RECEIVED	DATE & TIMERELEASED
PERTINENT INFORMATION:	

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, attitude \*Use reverse side for additional comments and include date, signature,

and title.

OIC Signature: OIC must sign all record sheets each shift.

#### ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

BOLMAN CORRECTIONAL	20 <del>7-5</del> /
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## EGATION UNIT RECORD SHEET

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Medical: Physician will sign each time the inmate is seen.
Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, aminude \*Use reverse side for additional comments and include date, signature

## SEGREGATION UNIT RECORD SHEET

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

## ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Maples, Corey	AIS NO. W/2624 CELL: G26
VIOLATION OR REASON:	ADMITTANCE AUTH. BY:
DATE & TIME RECEIVED	DATE & TIME RELEASED
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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MOODS	Coron	AIS NO. W-2604	CELL: 6-810
VIOLATION OR REASON: \(\)		ADMITTANCE AUTH, BY: _	
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

## ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

	AIS NO. W/Z624 CELL: G26
VIOLATION OR REASON:	ADMITTANCE AUTH. BY:
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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: 170005 COROL	L ais no. W-Z1034 cell: G-310
VIOLATION OR REASON: ' )	ADMITTANCE AUTH. BY:
DATE & TIME RECEIVED	DATE & TIMERELEASED
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Pertinent Info: i.e. - Epileptic, Diebetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET INSTITUTION: Holman 2017

INMATE NAME: Maples corey	AIS NO. W/Z 624 CELL: 1 - 26
	ADMITTANCE AUTH. BY:
DATE & TIME RECEIVED	DATE & TIME RELEASED
PERTINENT INFORMATION:	

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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

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Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MOOK	os Corou	46015-W. NO RIA	CELL: <b>(5-310</b>
VIOLATION OR REASON:	) \	ADMITTANCE AUTH. BY: _	
DATE & TIME RECEIVED		DATE & TIMERELEASED	
PERTINENT INFORMATION:			

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

## ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Maples, Corev	AIS NO. W/Z624 CELL: G26
VIOLATION OR REASON:	ADMITTANCE AUTH. BY:
DATE & TIME RECEIVED	DATE & TIME RELEASED
PERTINENT INFORMATION:	

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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

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\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

#### SEGREGATION UNIT RECORD SHEET

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

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## SEGREGATION UNIT RECORD SHEET

DIMATE NAME: MADES COREY

VIOLATION OR REASON:

DATE & TIME RECEIVED

PERTINENT INFORMATION:

AIS NO. W/7-624

ADMITTANCE AUTH BY:

DATE & TIMERELEASED

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Exercise Enter actual time period and Inside or Outside

Maples - DOC 000211

## ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Mapes, Corey AIS NO. W/Z624 CELL: G26

VIOLATION OR REASON: ADMITTANCE AUTH. BY: DATE & TIME RECEIVED DATE & TIME RELEASED

PERTINENT INFORMATION:

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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

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OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MODE	Corou	_ AIS NO. W-Z1004	_ CELL: <u>G-310</u>
VIOLATION OR REASON:	)	ADMITTANCE AUTH. BY:	
DATE & TIME RECEIVED		DATE & TIMERELEASED_	
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

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Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature,

and title.

OIC Signature: OIC must sign all record sheets each shift.

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Psych: Psychological Counselor will sign each time the inmare is seen.

Comments: i.e. — Conduct, artifude \*Use reverse side for additional comments and include data, signature

Maples - DOC .000214

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: COOS COOO VIOLATION OR REASON: DATE & TIME RECEIVED	AIS NO. W-ZIOAY ADMITTANCE AUTH. BY: DATE & TIMERELEASED	CELL: <u>G-310</u>
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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower – Yes (Y) or No (N), Refused (R) Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

#### SEGREGATION UNIT RECORD SHEET

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MOOK	s Corou	AIS NO. W-21024	CELL: G: 310
VIOLATION OR REASON: \	) \	ADMITTANCE AUTH. BY: _	
DATE & TIME RECEIVED		DATE & TIMERELEASED_	
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Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title

OIC Signature: OIC must sign all record sheets each shift.

## ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Manles, C	Orey AIS NO. W/2624 CELL: G26
VIOLATION OR REASON:	ADMITTANCE AUTH. BY:
DATE & TIME RECEIVED	DATE & TIME RELEASED
PERTINENT INFORMATION:	

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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

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## SEGREGATION UNIT RECORD SHEET

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Psych: Psychological Counselor will sign each time the inmere is seen.

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Maples - DOC 000219

## ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Mapes, Corey als no. W/Z624 cell: G26

VIOLATION OR REASON: ADMITTANCE AUTH. BY:

DATE & TIME RECEIVED DATE & TIME RELEASED

PERTINENT INFORMATION:

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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

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Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title:

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

## ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Maples, Corey als no. W/Z/024 cell: G2/o
VIOLATION OR REASON: DATE & TIME RECEIVED DATE & TIME RELEASED
PERTINENT INFORMATION:

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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

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Exercise: Enter the actual time period and where it was taken, Inside or Outside.

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Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title:

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

#### SEGREGATION UNIT RECORD SHEET

INMATE NAME: COOKS	Coroy	46015-W.001 81A	CELL: <u>G-310</u>
VIOLATION OR REASON: \	<u> </u>	_ ADMITTANCE AUTH. BY: _	
DATE & TIME RECEIVED		DATE & TIMERELEASED_	
PERTINENT INFORMATION:			

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

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and title.

OIC Signature: OIC must sign all record sheets each shift.

ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET INSTITUTION: HOMAN

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INMATE NAME: Maples	Corey	AIS NO. 44/2624	CELL: 6-26
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Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

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OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

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#### SEGREGATION UNIT RECORD SHEET

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower – Yes (Y) or No (N), Refused (R) Exercise: Enter actual time period and Inside or Outside Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

9 of 12

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#### SEGREGATION UNIT RECORD SHEET

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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# W.C. Halman CF (INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R) Exercise: Enter actual time period and Inside or Outside Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. — Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

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# W.C. Halman CF

## SEGREGATION UNIT RECORD SHEET

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower – Yes (Y) or No (N), Refused (R) Exercise: Enter actual time period and Inside or Outside Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and sixta

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OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

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# W.C. Halman CF (INSTITUTION)

#### SEGREGATION UNIT RECORD SHEET

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

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Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

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INMATE NAME: MAPLES, COREY AIS NO: 42-624 **VIOLATION ADMITTANCE** OR REASON: **AUTHORIZED BY:** DATE & TIME DATE & TIME RECEIVED: RELEASED: Smith AsaF11/2 **PERTINENT** INFORMATION: MEDICAL VISIT PSYCH VISIT **MEALS** DATE SHIFT SH **EXERCISE** COMMENTS\* **OIC SIGNATURE** BDS MORN Sum DAY EVE 4 MORN DAY EVE MORN t DAY EVE MORN DAY // EVE MORN DAY EVE MORN DAY 120 **EVE** MORN

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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DATE SHIFT B D S SH EXERCISE VISIT COMMENTS* OIC SIGNATURE  1/20 EVE DAY EVE D	INMATE NAME: MAPLES, COREY VIOLATION OR REASON: DATE & TIME RECEIVED: PERTINENT INFORMATION:									AIS NO: 42-624 CELL: 6-26  ADMITTANCE AUTHORIZED BY: DATE & TIME RELEASED:			
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Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

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and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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6-26

W.C. HOLMAN	\$	
(INSTITUTION)		

INMATE NAME: MAPLES, COREY

VIOLATION
OR REASON:
DATE & TIME
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PERTINENT
INFORMATION:

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AIS NO: 1/2 624
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DATE & TIME
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Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

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and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.



VIOLAT	TION	: <i>[</i>	M A	PL	<u> </u>	COREY		· · · · · · · · · · · · · · · · · · ·	AIS NO: 42-624 ADMITTANCE		
OR REASON: DATE & TIME RECEIVED:							. 2 . 1		AUTHORIZED BY:		
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Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

MORN DAY EVE



6-26

INMATE NAME: MAPLES, COREY AIS NO: 92-624 CELL: 6-26											
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PERTINENT											
INFORMATION:											
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Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

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INMATE NAME: MAPLES, COREY \_\_ AIS NO: 42-624 **ADMITTANCE** VIOLATION AUTHORIZED BY: OR REASON:\_ DATE & TIME DATE & TIME RELEASED: RECEIVED: PERTINENT INFORMATION:\_ PSYCH VISIT **MEALS MEDICAL EXERCISE** SHIFT SH COMMENTS\* DATE BDS VISIT OIC SIGNATURE MORN DAY EVE MORN L DAY EVE MORN DAY EVE MORN 4 DAY EVE MORN 4 DAY **EVE** MORN L DAY EVE Yes

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

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